**PRE-HEALTH: Experiences Record**

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Name Date

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Degree Major, Minor

**Health Care Volunteer or Volunteer Experience**

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| **Date** | **Program Name/Event Name** | **Supervisor : email address, Phone Number (if available)** | **Duties (Describe the Experience)** | **Additional info** |
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**Health Care Practitioner Job Shadowing**

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| **Date** | **Program Name/Event Name** | **Supervisor : email address, Phone Number (if available)** | **Duties (Describe the Experience)** | **Additional info** |
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**Research Experience**

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| **Date** | **Program Name/Event Name** | **Supervisor : email address, Phone Number (if available)** | **Duties (Describe the Experience)** | **Additional info** |
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**Extracurricular/ Leadership Activities**

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| **Date** | **Program Name/Event Name** | **Supervisor : email address, Phone Number (if available)** | **Duties (Describe the Experience)** | **Additional info** |
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